

AKKAMAHADEVI WOMEN'S UNIVERSITY,VIJAYAPURA.

	-	of the Local Inquiry Committee on the	-
Re	f:		
		spection:	
I. T	HE CO	OMMITTEE	
1.			Chairperson
2.			Member
3.			Member
			·
II.	THE CO	OLLEGE	
1.	Name	and address of the College	
2.	Name	of the Management	
3.	Wheth	ner it is run by SC/ST/ Minority	
4.			
	(List be enclosed)		
5.			
	qualifi	cation and phone number	
III.	COUR	SE PARTICULARS	
		Course (s)	Intake sought
1\1	NEED	AND FEACIDILITY FOR CTARTING	THE COLLEGE
		AND FEASIBILITY FOR STARTING	THE COLLEGE
1.	•	sed Area of the College	
2.		lo. of Institution/colleges offering	
		r courses in the vicinity	
3.		lo. of feeder Institutions around	
4		oposed college	
4.		ability of transport and	
<u> </u>		nunication facilities in the locality	
5.	Any o	ther facilities/observations	

V. ADEQUACY OF FACILITIES AVAILABLE IN TERMS OF		
1.	Total, extent and suitability of land	
2.	Building – Specify own or rented	
3.	Built-up area	
4.	a) No. of Class rooms	
	b) Size of each class room in Sq.ft.	
5.	a) Laboratory	
	b) Size of each lab in Sq.ft.	
6.	Laboratory Equipments	
7.	Library	
8.	No. of Computers in IT Lab	
9.	Internet facility	
10.	Principal room	
11.	Office room	
12.	Staff rooms (Nos. & sizes)	
13.	Ladies room	
14.	Toilets for students (Boys / Girls)	
15.	Auditorium	
16.	Water and power supply	
17.	Sports facilities	
18.	Hostel	
19.	Canteen Facility	
20.	Furniture	

VI.	VI. ADEQUACY OF STAFF		
1.	Details of teaching staff identified		
2.	Details of non-teaching staff		
	identified		
3.	Details of Librarian identified		
4.	Details of P.E. Instructor identified		

VII.	VII. FOR PROFESSIONAL COLLEGES		
1.	Approval from concerned professional Statutory Bodies/AICTE/NCTE/RCI		
2.	Availability of relevant facilities such as Hostel etc.,		
3.	Fulfillment of prescribed norms		

VIII	VIII. ASSETS OF THE TRUST/SOCIETY PROPOSING THE COLLEGE AND ADEQUACY		
1.	Immovable property details		
2.	Movable property details		
3.	Bank Balance, Deposits &		
	Security		
4.	Fund allocation for college		
	expenses		

IX. REQUIREMENTS TO BE FULFILLED	

X OBSERVATIONS/CONDITIONS

XI. RECOMMENDATIONS			
SI. No.	Course	Combination	Intake Recommended
1			

Signatures of the Chairman and Members of the committee